

SCENARIO 1 (RESPONSES)

M0250	Therapies	<i>Response 1</i>	<i>(IV or infusion therapy)</i>
M0260	Overall Prognosis	<i>Response 1</i>	<i>(Good/Fair: partial to full recovery is expected)</i>
M0270	Rehabilitative Prognosis	INSUFFICIENT INFORMATION TO ANSWER	
M0280	Life Expectancy	<i>Response 0</i>	<i>(Life expectancy is greater than six months)</i>
M0290	High Risk Factors	<i>Response 2</i>	<i>(Obesity) known; others?</i>

SCENARIO 2

You admit Mr. Kartoff to your agency. As you walk through the kitchen and bathroom of his home, where he has lived alone for 40 years, you observe the condition of appliances, windows, and flooring. There are boxes piled in the living room. "That's all going to Goodwill -- I'll be calling them soon," Mr. Kartoff remarks. During the assessment, he mentions that the bathroom shower doesn't work, noting that he usually goes down to the basement bathroom to shower. Today, however, he is unable to maneuver his walker through the doorway. The stair railings are loose and unsteady. It has been over 92 degrees for 18 consecutive days now -- in the evenings it cools down to approximately 80 degrees. There are no fans or air conditioning present in the house. You note that the table or floor lamps and small appliances are plugged into one multiple outlet extension cord per room. One lamp cord extends to another room through the use of multiple extension cords, one of which appears to be in very poor condition. **How would you answer OASIS items M0300 through M0330?**

M0300 Current Residence

M0310 Structural Barriers

M0320 Safety Hazards

M0330 Sanitation Hazards

SCENARIO 2 (RESPONSES)

M0300	Current Residence	Response 1	(Patient's residence)
M0310	Structural Barriers	Response 2	(Stairs which are used optionally)
		and	
		Response 4	(Narrow or obstructed doorways).
		INSUFFICIENT INFORMATION FOR RESPONSE 3	
M0320	Safety Hazards	Response 3	(Unsafe appliance)
		Response 5	(Inadequate cooling)
		Response 8	(Inadequate stair railings)
		INSUFFICIENT INFORMATION FOR RESPONSES 1, 2, 4, 6, 7, 9, 10	
M0330	Sanitation Hazards	Response 11	(Cluttered/soiled living areas)
		INSUFFICIENT INFORMATION FOR RESPONSES 2, 3, 4, 5, 6, 7, 8, 9, 10	

SCENARIO 3

You are conducting the start of care visit for Mr. Billis. He tells you that his nephew lives with him, though the nephew travels Monday through Friday each week. Mr. Billis says that when he needs help he tends to call on his neighbor, Sam, even though Sam works the night shift and sleeps during the day. Sam usually comes over about three times a week to bring leftover meals. He also cuts Mr. Billis' lawn and takes him to his doctor appointments. They have both lived in the neighborhood most of their adult years and greatly enjoy each other's company. Mr. Billis admits that he and his nephew don't have a lot to talk about--and the nephew "has a girlfriend, you know." No other relatives live in town, and Mr. Billis doesn't belong to any social or church groups. **How would you answer OASIS items M0350 through M0380?**

M0350 Assisting Persons

M0360 Primary Caregiver

M0370 How Often Assistance Provided

M0380 Type of Assistance

SCENARIO 3 (RESPONSES)

M0350	Assisting Persons	<i>Response 1</i>	<i>(Relatives, friends, or neighbors living outside the home)</i>
		<i>Response 2</i>	<i>(Person residing in the home)</i>
M0360	Primary Caregiver	<i>Response 4</i>	<i>(Friend or neighbor or community or church member)</i>
M0370	How Often Assistance Provided	<i>Response 4</i>	<i>(Three or more times per week)</i>
M0380	Type of Assistance	<i>Response 2</i>	<i>(IADL assistance)</i>
		<i>Response 3</i>	<i>(Environmental support)</i>
		<i>Response 4</i>	<i>(Psychosocial support)</i>
		<i>Response 5</i>	<i>(Advocates or facilitates patient's participation in appropriate medical care)</i>

SCENARIO 4

Your patient, Martha Green, complains that she doesn't sleep through the night. Because a variety of factors might be causing this, you ask her some additional questions about pain, urinary incontinence, and factors that may be causing her anxiety. She denies pain or incontinence, but does tell you that she wakes up almost every night feeling anxious and worried, that she just can't seem to get interested in anything (even her TV programs), is often sad and weepy, and sometimes is afraid to answer the door. She denies thinking much about death, but does remark that several of her friends have died and that her favorite neighbor is moving away. **How would you answer OASIS items M0580 through M0600?**

M0580 When Anxious

M0590 Depressive Feelings

M0600 Patient Behaviors

SCENARIO 4 (*RESPONSES*)

M0580	When Anxious	<i>Response 2</i>	<i>(Daily, but not constantly)</i>
M0590	Depressive Feelings	<i>Response 1</i>	<i>(Depressed mood)</i>
M0600	Patient Behaviors	<i>Response 2</i>	<i>(Diminished interest in most activities)</i>
		<i>Response 3</i>	<i>(Sleep disturbances)</i>

SCENARIO 5

Mr. Linzer requires daily dressing changes for an infected abdominal incision. He is able to ambulate independently without assistive devices. His wife prepares the meals and sets the food on the table, but he eats without difficulty. When Mrs. Linzer went to visit her new grandchild and stayed overnight last week, Mr. Linzer reports that he was able to cook himself bacon and toast and warm up soup in the microwave. However, Mrs. Linzer has always done the cooking since they've been married.

Mr. Norse likes to eat. He had a stroke about two months ago. Now his daughter, Maria, stays near him the entire meal to cut his food and hand him his utensil. She must make sure that he swallows carefully as he has a tendency to choke. She thickens most liquids for him to swallow. He has significant problems with short-term memory and is unable to help with any household activities as he becomes confused easily.

How would you answer OASIS items M0710 and M0720 for these two men?

Mr. Linzer

M0710 Feeding or Eating

M0720 Planning and Preparing Light Meals

Mr. Norse

M0710 Feeding or Eating

M0720 Planning and Preparing Light Meals

SCENARIO 5 (*RESPONSES*)

Mr. Linzer

M0710	Feeding or Eating	<i>Response 0</i>	<i>(Able to independently feed self)</i>
M0720	Planning and Preparing Light Meals	<i>Response 0</i>	<i>(Is able to independently prepare light meals but has not routinely done this in the past)</i>

Mr. Norse

M0710	Feeding or Eating	<i>Response 1</i>	<i>(Able to feed independently but requires meal set-up, intermittent assistance, and special food attention)</i>
M0720	Planning and Preparing Light Meals	<i>Response 2</i>	<i>(Unable to prepare any light meals)</i>

SCENARIO 6

Priscilla Waverly lives with her daughter and son-in-law. She was diagnosed with CHF six months ago, and the disease has progressed so that she is now unable to walk from bed to a chair or to the toilet without becoming dyspneic. She also has arthritis in her cervical spine, which has limited her ability to use her hands. Her physician has ordered oxygen at 2L continuously, Lasix 40 mg once daily, and potassium 10mEq daily. Her daughter must remind her each morning to take her medications. **How would you answer OASIS items M0780 through M0820?**

M0780 Management of Oral Medications

M0790 Management of Inhalant/Mist Medications

M0800 Management of Injectable Medications

M0810 Patient Management of Equipment

M0820 Caregiver Management of Equipment

SCENARIO 6 (RESPONSES)

M0780	Management of Oral Medications	<i>Response 1</i>	<i>(Able to take medications if given daily reminders)</i>
M0790	Management of Inhalant/Mist Medications	<i>NA</i>	<i>(None prescribed)</i>
M0800	Management of Injectable Medications	<i>NA</i>	<i>(None prescribed)</i>
M0810	Patient Management of Equipment	<i>INSUFFICIENT INFORMATION TO ANSWER</i>	
M0820	Caregiver Management of Equipment	<i>INSUFFICIENT INFORMATION TO ANSWER</i>	

SCENARIO 7

Betty Drason, a 79-year-old female with residual right-sided weakness from a CVA six years ago, is referred to home care after a hospitalization for CHF. She received home health care for several weeks after her stroke, and she has managed independently in her apartment fairly well until now. Her daughter or grandson visits one to two times weekly to help with grocery shopping, errands, and cleaning. Prior to the hospitalization she had become progressively weaker over a period of two to three weeks, and after six days in the hospital and one week in a skilled nursing facility, she is recovering but is still weak.

At the initial visit (during which the RN plans to do the comprehensive assessment), Ms. Drason is able to get to a standing position from her favorite chair if she uses her walker. She states that she knows she spends too much time sitting there, but just doesn't have the energy to move around very much. She walks slowly using her walker to show the nurse the bathroom set-up. In response to questions, Ms. Drason states that she doesn't always make it to the bathroom in time, so she wears a pad to help when she dribbles urine. She says she has no difficulty controlling her bowels. The nurse checks the patient's weight; she says that she was gaining weight before her hospitalization. Her legs were very swollen, but now that the swelling is down, her weight has dropped by 20 pounds.

Ms. Drason has a tub seat which extends from outside to inside the tub, and she shows the nurse how she sits down and is able to scoot across the seat for her shower. The nurse notes that Ms. Drason is heavily dragging her right side when she moves across the tub bench -- using the strength in her left leg to push herself to the right -- and she nearly loses her balance when turning to face forward. A hand-held shower is present, but the patient states she feels uneasy about showering now when alone "because I get so wobbly sometimes." The nurse asks about her ability to get up from a chair, get to the bathroom, and bathe herself just before she was hospitalized. Ms. Drason states that her daughter stayed with her for two days and nights before she went into the hospital because she had gotten so weak that she needed some help with everything.

As the nurse proceeds through the physical assessment, she notes considerable edema of the lower legs, right more than left. Recognizing clues that indicate this patient is at risk for a pressure ulcer on her buttocks, the nurse indicates to Ms. Drason that she would like to check her skin all over, including her buttocks. The patient thinks it's a good idea, because I think I have "a pimple or something on the right cheek." On inspection, the nurse finds an oval crater, 2 cm by 1 cm, with the base covered by thick yellow slough. The nurse can't tell how deep this ulcer is or what the tissue looks like under the slough. The ulcer was not mentioned on the referral from the physician or in the discharge notes from the nursing home. Ms. Drason can't remember when she first became aware of the discomfort, but thinks it must have been several days ago. **How would you answer OASIS items M0670 through M0700? What other OASIS items can be answered from this scenario?**

M0670	Bathing (Prior)	M0690	Transferring (Prior)
M0670	Bathing (Current)	M0690	Transferring (Current)
M0680	Toileting (Prior)	M0700	Ambulation/Locomotion (Prior)
M0680	Toileting (Current)	M0700	Ambulation/Locomotion (Current)

Other OASIS Items

SCENARIO 7 (RESPONSES)

M0670	Bathing (Prior)	INSUFFICIENT INFORMATION; INVESTIGATE MEANING OF "SOME HELP"	
M0670	Bathing (Current)	Response 3	(Participates, but requires presence of another throughout)
M0680	Toileting (Prior)	Response 1	(Able to get to and from toilet with assistance)
M0680	Toileting (Current)	Response 0	(Able to get to and from toilet with or without a device)
M0690	Transferring (Prior)	INSUFFICIENT INFORMATION; INVESTIGATE MEANING OF "SOME HELP"	
M0690	Transferring (Current)	Response 1	(Transfers with use of an assistive device)
M0700	Ambulation/ Locomotion (Prior)	Response 2	(Walks with supervision or assistance of another person)
M0700	Ambulation/ Locomotion (Current)	Response 1	(Requires use of device to walk alone)
<u>Other OASIS Items</u>			
M0040	Patient Name	Betty Drason	
M0069	Gender	Response 2	(Female)
M0080	Discipline of Person Completing Assessment	Response 1	(RN)
M0175	Inpatient Facilities	Responses 1	(Hospital)
NEED ADDITIONAL INFORMATION TO DETERMINE IF RESPONSE 3 OR 4 APPLIES			
M0190	Inpatient Diagnoses	CHF	
M0300	Current Residence	Response 1	(Patient's own residence)
M0350	Assisting Persons	Response 1	(Relatives living outside home)
M0440	Skin Lesion	Response 1	(Yes)
M0445	Pressure Ulcer	Response 1	(Yes)
M0450	Current Number(s)	Response e-1	(Pressure ulcer that cannot be observed, Yes)
M0460	Stage of Most Problematic Pressure Ulcer	Response NA	(No observable pressure ulcer)
M0464	Status of Most Problematic Pressure Ulcer	Response 3	(Not healing)
M0520	Urinary Incontinence	Response 1	(Patient is incontinent)
M0540	Bowel Incontinence	Response 0	(Never has bowel incontinence)

SCENARIO 8

On 03/02 you visit Nellie Williams, a Medicare PPS patient who was admitted on 01/18 with advanced cardiac disease. She complains of "pressure" in her chest, some pain radiating down her left arm, and states that she was unable to sleep most of last night because of the pressure. You call her doctor to inform him that you are sending her to the hospital in an ambulance. He agrees with your assessment. When you follow-up later that day, you learn that Ms. Williams has been hospitalized with an MI. She remains in the hospital the next day, too. **How would you answer OASIS items M0090, M0100, and M0830 through M0906 (following appropriate skip patterns)?** Your agency places patients admitted to an inpatient facility on "hold" status.

- M0090** Date Assessment Completed
- M0100** Reason Assessment Being Completed
- M0830** Emergent Care
- M0840** Emergent Care Reason
- M0855** Inpatient Facility
- M0890** Hospital Reason
- M0895** Reason for Hospitalization
- M0903** Date of Last Home Visit
- M0906** Discharge/Transfer/Date Death

On 03/10, Ms. Williams is transferred from the hospital to a SNF because she is too weak to go directly home. She is still in the SNF on 03/17, the last day of the current certification period. **What should you do about OASIS data collection at that time?**

SCENARIO 8 (RESPONSES)

M0090	Date Assessment Completed	03/03	<i>(When you learned she had been in the hospital for 24 hours)</i>
M0100	Reason Assessment Being Completed	Response 6	<i>(Transfer to inpatient facility, patient not discharged from agency)</i>
M0830	Emergent Care	Response 1	<i>(Hospital emergency room; there may be additional responses, depending on other information)</i>
M0840	Emergent Care Reason	Response 6	<i>(Cardiac problems)</i>
M0855	Inpatient Facility	Response 1	<i>(Hospital)</i>
M0890	Hospital Reason	Response 1	<i>(Emergent care)</i>
M0895	Reason for Hospitalization	Response 8	<i>(Myocardial infarction)</i>
M0903	Date of Last Home Visit	03/02	
M0906	Discharge/Transfer/ Date Death	03/02	<i>(Patient transferred to the hospital on that date)</i>

*On 03/17, after discussion with your supervisor, you discharge the patient. You complete your agency's discharge summary, but **NO** OASIS data are required. You have not seen the patient since 03/02, therefore have no patient status information to report other than the transfer to the inpatient facility.*

SCENARIO 9

Billy O'Hara is an 85-year-old man with peripheral vascular disease, severe degenerative joint disease, and diabetes. Recently his blood sugars have been consistently above 200, so the doctor changed his medication and ordered home health care. Mr. O'Hara ambulates with his walker (when he remembers to use it), but for only short distances because "I just don't have the pep I used to have. Seems like every little thing just wears me out." He has a personal care provider every morning and every evening provided by Medicaid under a Home and Community-Based Care Program.

At the SOC visit, you note that his pedal pulses are quite faint, more so in the left than the right, and there is considerable lower leg edema with the circumference of the left leg 8 cm greater than the right. The left lower leg is dark bluish-brown in color from just above the ankle to below the ankle and the right lower leg is brown/bronze from mid-calf down. Mr. O'Hara admits that his legs hurt most of the time, especially the left leg. He also has "a different kind of pain -- in my knees and hips," which gets increasingly worse with walking. The pain in his knees and hips hurts so bad he can hardly stand up to walk from the kitchen to the bathroom (about 20 feet). This often results in dribbling some urine, because he waits too long to go to the bathroom, knowing that walking will cause severe pain. He has pain medication prescribed and states that he takes the pain pills when the pain gets "really bad," but he sometimes has difficulty remembering when he took the pills last. Sometimes the pills make him drowsy and awkward, and then he wonders if he has taken them too close together. You instruct him on the use of the pain meds on a regular basis rather than waiting for severe pain and offer to prefill his med planner. He thinks that's a good idea for his pain med -- his other medication (one) is taken with breakfast and supper, and he has no trouble remembering that one.

Because the pain limits his movement, Mr. O'Hara spends hours sitting at the kitchen table reading and working crossword puzzles. You note that his elbows are very red and tender, and the redness does not fade when you apply finger pressure. He says that when he sits at the table, he nearly always rests on one or both elbows.

Which OASIS items can be completed from this situation, and what are their responses?

SCENARIO 9 (RESPONSES)

M0100	<i>Reason Assessment Being Completed</i>	Response 1	(Start of care—further visits planned)
M0200	<i>Medical or Treatment Regimen Change</i>	Response 1	(Yes)
M0210	<i>Medical Diagnoses</i>	Diabetes, ICD 250	
M0420	<i>Frequency of Pain</i>	Response 3	(All the time)
M0430	<i>Intractable Pain</i>	Response 0	(No)
M0440	<i>Skin Lesion or Open Wound</i>	Response 1	(Yes, the Stage I pressure ulcer is a skin lesion)
M0445	<i>Pressure Ulcer</i>	Response 1	(Yes)
M0450	<i>Current Number of Pressure Ulcers</i>	(a, 2; b, 0; c, 0; d, 0; e, Response 0)	
M0460	<i>Stage of Most Problematic Ulcer</i>	Response 1	(Stage 1)
M0464	<i>Status of Most Problematic Ulcer</i>	Response 3	(Not healing)
M0520	<i>Urinary Incontinence or Urinary Catheter Presence</i>	Response 1	(Patient is incontinent)
M0530	<i>When Urinary Incontinence</i>	Response 3	(During the day and night)—this is the only response with “day,” therefore must be selected
M0700	<i>Ambulation</i>	Response 0 or 1	(Able to independently walk or Requires use of a device)—need to more fully assess safe ambulation ability
M0780	<i>Management of Oral Medications</i>	Response 1	(Able to take medications independently if prepared in advance)—the frequency and number of medications must be considered when differing levels of ability are assessed for different medications
M0810	<i>Patient Management of Equipment</i>	NA	(No equipment of this type used in care)

SCENARIO 10

Theresa Estaire is a 66-year-old woman with severe right-side hemiplegia since a stroke five years ago. She is quite hard of hearing, and you had to repeat her name and why you were there four times before she heard you well enough to understand. Ms. Estaire's speech is mostly unintelligible to all but her 62-year-old sister, Adele, who is her primary caregiver. Theresa has an indwelling Foley catheter which is changed by the visiting nurse every six weeks. Theresa takes Macroductin prophylactically (by mouth, administered by Adele) and has not been treated for a UTI for nearly a year. She is incontinent of stool several times a week (more than half the time). Nurses from your agency have done extensive teaching about skin care and preventive measures, including dietary supplements. Theresa and Adele are compliant with all but the dietary changes because Theresa has no appetite. She attempts to feed herself some finger foods with her left hand, but Adele must manage utensils and assist with most foods. Theresa is able to walk with a walker and stand-by assistance to go from the bed to the commode or from the bedroom to the recliner in the living room, about 10-15 feet, but spends nearly all her time in either bed or recliner. One month ago, Adele agreed to accept home health aide assistance once or twice a week. **How would you respond to the following OASIS items?**

- M0400** Hearing and Ability to Understand Spoken Language
- M0410** Speech and Oral (Verbal) Expression of Language
- M0510** Urinary Tract Infection
- M0520** Urinary Incontinence or Urinary Catheter Presence
- M0540** Bowel Incontinence Frequency
- M0700** Ambulation/ Locomotion
- M0710** Feeding or Eating
- M0780** Management of Oral Medications

SCENARIO 10 (RESPONSES)

M0400	Hearing and Ability to Understand Spoken Language	Response 3	<i>(Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time)</i>
M0410	Speech and Oral (Verbal) Expression of Language	Response 3	<i>(Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases)</i>
M0510	Urinary Tract Infection	NA	<i>(Patient on prophylactic treatment)</i>
M0520	Urinary Incontinence or Urinary Catheter Presence	Response 2	<i>(Patient requires a urinary catheter)</i>
M0540	Bowel Incontinence Frequency	Response 3	<i>(Four to six times weekly)</i>
M0700	Ambulation/ Locomotion	Response 2	<i>(Able to walk only with the supervision/assistance of another person at all times)</i>
M0710	Feeding or Eating	Response 2	<i>(Unable to feed self and must be assisted or supervised throughout the meal/snack)</i>
M0780	Management of Oral Medications	Response 2	<i>(Unable to take medication unless administered by someone else)</i>